

# State of New Hampshire Department of Health and Human Services

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## Request for Proposals (RFP) for Community-Based Voluntary Services

Vendors Conference (*not mandatory*)

DHHS Contracts Unit and  
Division for Children, Youth and Families  
*May 7, 2020 from 9:00am to 11:30am*



# Disclaimer

This presentation includes brief descriptions of the RFP specifications and requirements but does not fully elaborate on all required elements. As a result, this presentation does not supersede what is stated in the RFP or its appendices. Proposers are responsible for ensuring that their proposal is complete and accurate according to the information and requirements contained in the full RFP.

In addition, this conference includes two Q&A periods. While DHHS staff will provide verbal answers to some questions during the conference, please note that the official Department response will be posted by 5/21/20. Proposers are responsible for ensuring that they read the official responses, even if their question was verbally answered during the conference.



# Today's agenda

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9-9:05am	Welcome and overview of the meeting
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9:05-9:30am Overview of the CB-VS program

9:30-10:00am Q&A on CB-VS program

10-10:45am Overview of proposal contents and submission

10:45-11:15am Q&A on proposal contents and submission

11:15-11:30am Thanks, next steps, and close

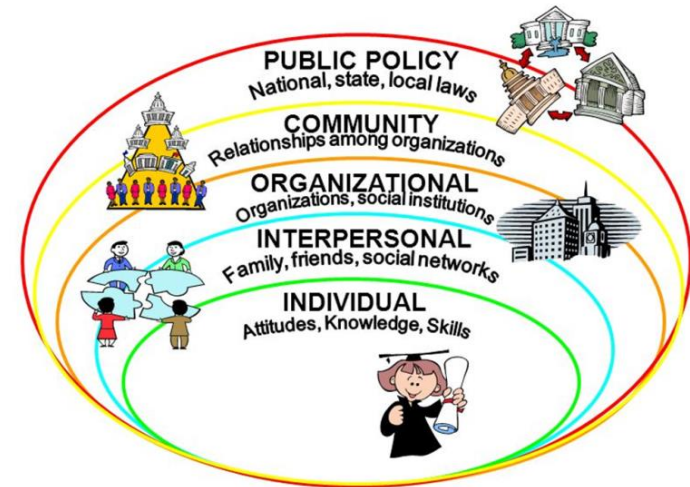


# To meet the needs of NH children and families, DHHS seeks to create a **broader, integrated child and family serving system**

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“Child abuse and neglect is the result of the interaction of a number of individual, family, and environmental factors. Consequently, there is strong reason to believe that the prevention of child abuse and neglect requires a comprehensive focus that crosscuts key sectors of society (e.g., public health, government, education, social services, and justice).”

## Social-Ecological Model



**Source:** <https://www.cdc.gov/violenceprevention/childmaltreatment/essentials.html>



# NH DHHS seeks to work with children and families in a more preventative, proactive, and holistic way

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## Primary & Secondary Prevention

Primary prevention activities are provided at the general population level. These activities include public education efforts regarding: safe sleep; infant & child care; developmental milestones; water, bike, and recreational safety; nutrition; etc. supported by the Division of Public Health and other DHHS Divisions.

Secondary prevention activities are provided to vulnerable communities. These activities include programs such as: family resource centers supported by the Division of Economic & Housing Stability; home visiting programs and the new Community Collaborations Grant programs supported by the Division of Public Health; and targeted protective factors education offered by the NH Children's Trust.

## Tertiary Prevention

Tertiary prevention activities are provided to children & families specifically identified to be in need or at-risk. These include:

*DCYF Voluntary Services*, internally or community managed, for families identified as at-risk through a child protection assessment.

*Voluntary Children in Need of Services (CHINS)* services offered to prevent delinquency through juvenile justice.

*Economic, food security, and housing services* offered to families through the Division of Economic and Housing Stability.

Existing and newly authorized *children's behavioral health services* inclusive of Fast Forward, Mobile Response & Stabilization Services, & high-fidelity wraparound.

*Mental Health & Substance Use Disorder Services* provided to parents, guardians, and caregivers through the Division of Behavioral Health

## Court Involved DCYF Cases

Child protective services where child abuse or neglect as defined by law has been founded and a child has been removed from the home or court involvement is required while the children remain home to ensure adequate oversight.

Juvenile delinquency cases where a child has been found to have engaged in delinquent behavior and is in need of court oversight to remediate future adverse behaviors.

"D-2" CHINS cases where a child is identified as having aggressive or dangerous behaviors requiring court oversight to compel appropriate treatment and mitigate risk.



We will focus on **two major areas** during this meeting

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1

**CB-VS program  
overview**

2

**Proposal contents  
and submission  
process**



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# Today's overview will orient you to **DCYF's vision of success for the CB-VS program and how vendors will be evaluated**

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## RFP sections discussed in overview:

- **Section 1:** Program goals and other strategic priorities
- **Section 2.1:** Covered populations
- **Section 2.2:** Scope of services
- **Section 2.4:** Performance improvement and performance metrics
- **Section 4.2:** Payment structure
- **Section 3.2 and 3.3:** Technical and cost proposal evaluation criteria





# The **overall outcome goal** of CB-VS is to safely prevent families from requiring DCYF intervention in the future

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**The problem:** DCYF is unable to serve many of the highest-risk families the agency assesses (i.e., investigates). In SFY17, 32% of families who are assessed return to DCYF within the next 12 months for further investigation

## FROM:

- DCYF primarily serving families with court findings
- Many families go without services and must experience another crisis
- Voluntary has limited capacity and DCYF-only provided services



## TO:

- Many high-risk families assessed by DCYF receive services
- Families that come to DCYF's attention do not cycle back
- Services delivered by in a welcoming community-based setting by community partners

**CB-VS outcome goal:** safely prevent families from requiring DCYF intervention in the future



# Other important priorities for CB-VS – informed by DCYF's broader strategic priorities and responses to RFI in 2019

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## Family voice

Authentic engagement of caregivers, youth, and children throughout service provision is critical to effective services -- **honoring family voice and choice is a core principle of CB-VS**

## Collaboration to improve service delivery

DCYF is looking for partners who want to collaborate closely to launch this new program. **CB-VS providers will meet regularly with DCYF to review program data, identify areas for improvement, troubleshoot challenges, and develop strategies** to improve service delivery over time

## Balancing flexibility and EBPs

RFI responses stressed the importance of ensuring programs remain flexible to support the unique needs of each NH family. In this RFP, **we suggest potential EBPs for CB-VS but also to invite agencies to offer creative solutions and models** to achieve program goals.

## Statewide service delivery

**DCYF is committed to ensuring CB-VS is available in every community in NH including rural areas**, which pose additional service delivery challenges (e.g., lack of or costly transportation, workforce shortages). **We encourage vendors to offer creative solutions to address these challenges** (e.g., telehealth, remote staffing, variable rates, sub-contracting).

## Adequate funding

DCYF and RFI respondents both recognize the importance of paying what it takes to deliver results for new programs like CB-VS. **We encourage applicants to thoughtfully articulate the variety of costs they will incur to provide CB-VS.**

## Seamless coordination

CB-VS must deliver services in a **seamless, highly coordinated way across the broader child and family serving system** – incl. when families must access more intensive DCYF-paid services. We will work with vendors on clear roles, processes so we can play our part in this.

# Target population: families at high-risk of subsequent DCYF involvement but who did not receive a court finding of abuse/neglect

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## Primary target population:

- Families who were **recently assessed** by DCYF for an allegation of abuse or neglect
- As part of their CPS assessment, scored as being at **high/very high-risk of future DCYF involvement** using an actuarial risk assessment tool
- **Did not receive a court finding** of abuse/neglect as a result of their DCYF assessment
- Could benefit from additional supports and be **safely served in the community**

## Estimated size of the target population:

In SFY19, roughly **2,195 families** shared these target population characteristics. *See 2.1 and Appendix G for more info.*

## Key insights from analysis of target population needs:

- Family needs include both **concrete/economic and mental/behavioral health needs**
- Families tend to have **middle-aged caregivers and 1 or 2 children**. Many have at least one child under the age of 5, suggesting the need for childcare arrangements
- The population is distributed similarly to the state's population, with the **significant majority living South of Concord**
- **60% families had system involvement** 12 months prior to their final DCYF assessment of SFY19



Source: RFP-2021-DCYF-03-COMMU, page 9-10

**NH Department of Health & Human Services | Division for Children, Youth & Families**

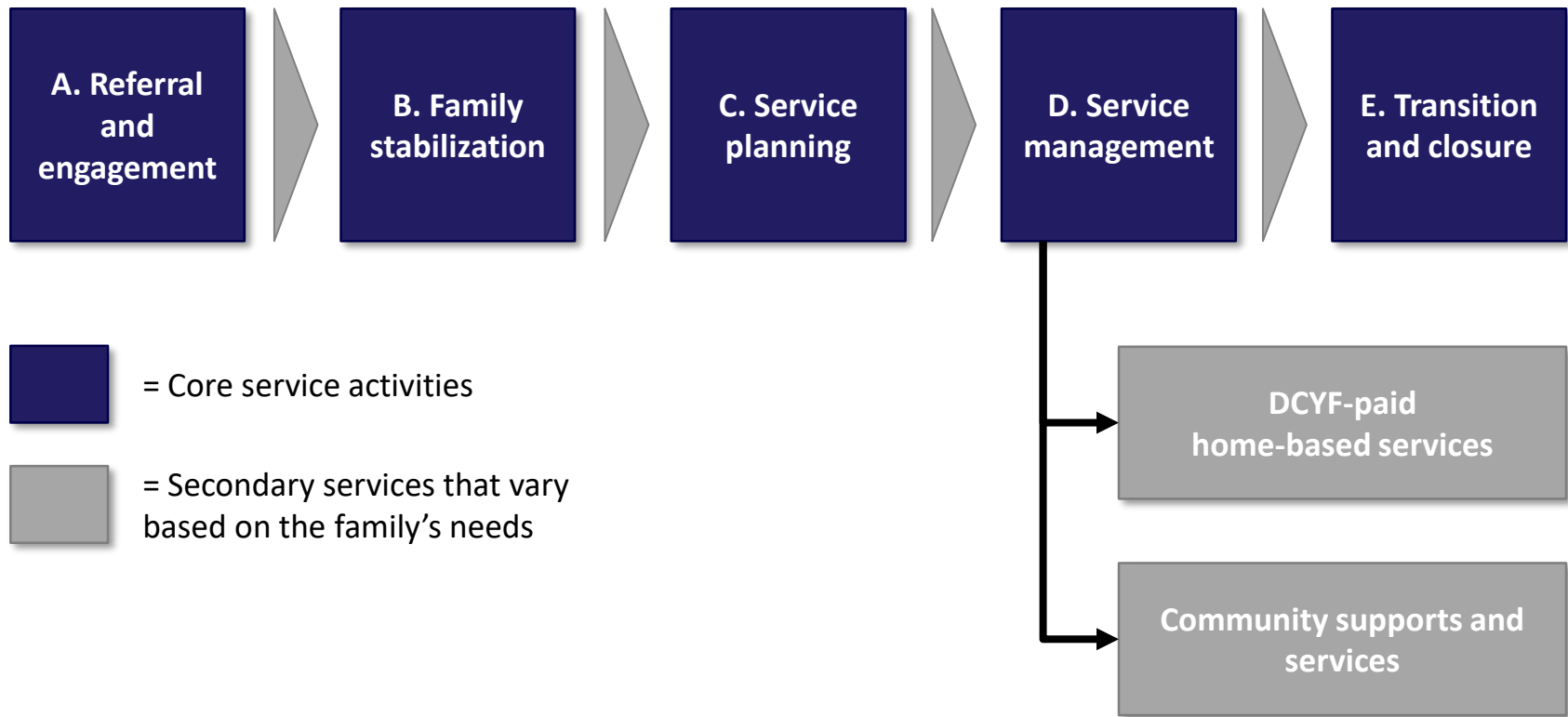


# Major phases of CB-VS program: overarching structure was developed based on input from RFI responses

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**Phase 1: Within 30 days (1 month)**

**Phase 2: For up to 150 days (5 months)**



Source: RFP-2021-DCYF-03-COMMU, page 11



# Scope of services (1 of 2): this section of the RFP articulates our vision of success for every stage of the program

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**Phase 1:** *All families who are referred to CB-VS will receive referral and engagement, family stabilization, and service planning activities within the first 30 days.*

## A. Referral & engagement

The goal of the initial referral and engagement period is to **orient the family to the service and build rapport with the family**. This includes:

- **Seamless, warm handoffs** between DCYF and CB-VS provider
- **Quick engagement:** hold face-to-face meetings with families as soon as possible
- **Persistent follow-up** with families who have not engaged

## B. Family stabilization

The goal of the family stabilization period is to **address any immediate needs of the family** (especially when those needs make it harder for the family to engage in the service). This includes:

- Work with the family to **identify any immediate crises**
- Develop a **near-term plan** to act
- **Use flexible funds** to meet family's needs (e.g., concrete supports)

## C. Service planning

The goal of service planning is to **develop an initial service plan that reflects the perspective and goals** of the family. This includes:

- Complete formal assessment to **understand strengths and needs** of the family
- **Understand family's current situation** and recent experiences
- Identify **services and supports for the family and develop plan to access** – including whether more intensive DCYF-paid home-based services are needed

# Scope of services (2 of 2): this section of the RFP articulates our vision of success for every stage of the program

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**Phase 2:** *Families enrolled in CB-VS will receive service management and then transition/close from CB-VS for 2 to 5 months after the initial service plan is developed.*

## D. Service management

The goal of service management is to **meet the family's needs and achieve the goals identified in the service plan**. This includes:

- Implement the service plan, **coordinating critical services** with parents, children,
- Providing **additional family stabilization** as needed
- **Use flexible funds** as appropriate to meet family's needs (e.g., concrete supports) after leveraging community resources
- **Look ahead** to the formal transition out of CB-VS

## E. Transition and closure

The goal of transition and closure period is to **ensure that the family is connected to ongoing supports they may need to live independently**. This includes:

- **Celebrate successes**
- Guide family in identifying **any further supports and services** that they may need to engage with beyond formal participation in the CB-VS program
- **Formally close out** the family's involvement with CB-VS

Please feel free to ask any questions you have about accessing DCYF-paid home-based services during the Question and Answer Period at the end of this section

# Proposer agencies can either adopt DCYF's recommended EBPs or propose and justify an alternative

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**Recommended case practice model  
based on RFI feedback**

**SBC:** Solution-  
based  
casework

+

**MI:**  
Motivational  
interviewing

**OR**

**Propose your own EBP or model**

**Model or EBP of  
your choosing, justified as part of  
your technical proposal**

SBC is a flexible case practice model frequently recommended by RFI respondents. It emphasizes pragmatic solutions to difficult family situations celebrates family progress.

MI is client-centered practice that seeks to enhance client motivation for behavioral change. It was identified a well-supported EBP by the FFPSA clearinghouse for substance abuse

In response to RFI feedback, DCYF is inviting flexibility and creativity in the CB-VS RFP. Proposer agencies are free to propose an EBP or model that achieves the goals of the CB-VS program.

Source: RFP-2021-DCYF-03-COMMU, page 10

**NH Department of Health & Human Services | Division for Children, Youth & Families**



# Payment structure: CB-VS providers will be paid through four payment streams so that they are adequately funded

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Start-up funds:	Daily rate:	Flexible funds:	Bonus payments:
<p>Funds allocated at the beginning of the contract term and before clients are seen to help compensate provider agencies for the costs associated with starting up the program.</p> <p><i>Paid at the beginning of the contract term at an amount negotiated with the vendor during contract negotiations.</i></p>	<p>The core of the payment structure, intended to compensate provider agencies for the costs associated with operating a CB-VS program while clients are being served.</p> <p><i>Paid on monthly basis at rate negotiated with vendor.</i></p>	<p>Funds allocated to each provider based on the number of families that they serve, intended to help meet the expenses associated with meeting family needs.</p> <p><i>Paid on a monthly basis via claimed reimbursements at max amount negotiated with vendor.</i></p>	<p>Additional payments intended to provide a “bonus” to providers who achieve two key performance goals. Each bonus payment is valued at 1% of the total cost of a 6-month service duration.</p> <p><i>Paid on a monthly basis to providers who quality under the terms of the bonus payment.</i></p>



Source: RFP-2021-DCYF-03-COMMU, page 29

**NH Department of Health & Human Services | Division for Children, Youth & Families**





# Evaluation and negotiation: Proposals will be evaluated against four categories and negotiations will finalize details

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## Criteria category:

## Points:

Program design and content

40 points possible

Organizational capacity

25 points possible

Performance improvement

25 points possible

Reasonable cost

10 points possible

***DCYF reserves the right to select negotiate resulting contracts with each provider including:***

- Final aspects of the payment structure (to ensure reasonable cost)
- Final catchment area for each provider (to ensure statewide access)

Source: RFP-2021-DCYF-03-COMMU, page 19 - 29

**NH Department of Health & Human Services / Division for Children, Youth & Families**



# Q&A Period



# Today's agenda

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10-10:45am Overview of proposal contents and submission

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11:15-11:30am Thanks, next steps, and close



# Today's overview of process and requirements will help you submit a **complete and strong proposal**

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## RFP sections discussed in overview:

- **General proposal contents**, including what has changed from prior DHHS procurements
- **Technical proposal**, including a brief demo for how to use it
- **Budget template**, including brief demo for how to use it
- **Budget narrative**, including a brief demo for how to use it
- **Submission process**, including how to submit by e-mail
- **Timetable**, including milestones going forward



# **We have updated requirements to **make it easier for you to submit strong proposals** (particularly considering COVID-19)**

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- **Entirely electronic submission process**
- **Extended response window to 7-weeks** to allow your organizations to focus on developing high quality proposals
- **More time to identify sub-contractors** (e.g., not required until 30 days after G&C approval of the contract)
- **Easy-to-use response templates for key sections of the proposal**, which we will show you more about during this presentation



# CB-VS proposals are broken into three parts – please see Appendix H and the RFP itself for more information

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## General contents

- ☐ Transmittal cover letter
- ☐ Proposers references
- ☐ New Hampshire Certificate of Good Standing
- ☐ Affiliations – Conflict of Interest
- ☐ Appendix C, CLAS Requirements

## Technical application

- ☐ Appendix D, Technical Proposal
- ☐ Implementation Plan

## Cost application


- ☐ Appendix E, Budget Template
- ☐ Appendix F, Budget Narrative
- ☐ Appendix B, Contract Monitoring Provisions



# Technical Proposal must be submitted using the provided template and is limited to 12,500 words

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## Appendix D. Technical Application



New Hampshire Department of Health and Human Services  
DCYF Community-Based Voluntary Services

**Appendix D, Technical Application Template for:**  
**Community-Based Voluntary Services (RFP-2021-DCYF-03-COMMU)**  
Worth 90 / 100 total available points | Response word limit: 12,500

*Word limit excludes starting word count (e.g., words taken up by questions) and words included in supplements and appendices*

**Summary:** CB-VS aims to strengthen families to prevent them from requiring subsequent involvement with the child protection system. After meeting any immediate family needs (family stabilization) and developing a service plan, CB-VS providers would help families build and maintain bridges to other parenting, economic, or behavioral/mental health services that can address underlying needs, strengthen protective factors, and promote family well-being. The goal of CB-VS is to safely prevent families from requiring DCYF intervention in future.

**Informational questions (non-scored):**

1. Agency name:

2. HQ address:  
Address line #1:   
Address line #2:   
City/town:   
State:   
Zip code:

3. Please check boxes for relevant District Office region(s) covered by this proposal.

Berlin	Claremont	Concord	Conway	Keene	Laconia	Littleton	Manchester	Rochester	Seacoast	Southern
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you plan to have sub-contractors as part of this proposal?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain your anticipated sub-contracting arrangements including which regions will have services directly provided by your agency and where you plan to sub-contract. Providers using

- **Fillable word document** that consolidates all the questions you need to answer
- You are required to **fully respond to all questions** (scored and non-scored)
- Note the **12,500-word limit** (excluding the words in the document when you first open it)
- **Appendices and other supporting documents are allowed** and do not count toward your word limit



# Budget Template is intended to help you identify and capture the different kinds of costs entailed in launching and implementing CB-VS

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## Appendix E. Budget Template

The image shows a complex spreadsheet titled 'Budget Template' with multiple tabs. The 'General information' tab is active, showing fields for 'Proposer agency name', 'Contact name for budget', 'Email', 'Phone', and 'Budget requested for'. Below this is a 'Start-up costs' section with a table for 'Line item', 'Amount requested', 'Instructions', and 'Notes'. The 'Direct costs' section follows, with a table for 'Line item', 'Amount requested', and 'Notes'. The spreadsheet includes various instructions and notes throughout, such as 'Please complete this section for each individual DO region they apply to or to combine costs for multiple regions together into one budget template(s) that reflects the overall costs for these regions' and 'Please add as needed'.

- **Excel document comprised of five sheets**
  - Overview
  - General info (incl. regional selection)
  - Core rate budget
  - Staffing sheet
  - Start-up costs
- You have the **option to submit one or multiple budget templates that reflect costs associated with different DO regions you propose to serve** – e.g.,
  - One template for each DO region
  - One template for all DO regions you're applying for together
  - Multiple templates for combinations of a few DO regions
- Budget will be scored based on **reasonable, thoughtful inclusion and articulation of costs** associated with a strong program
- **DCYF reserves the right to negotiate** several aspects of payment, including the final core rate. Start-up payments will also be allocated in a manner determined by DHHS





# Budget Narrative must be submitted as accompanying detail to the budget template to provide a rationale for costs included

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## Appendix F. Budget Narrative

New Hampshire Department of Health and Human Services  
DCYF Community-Based Voluntary Services

**Appendix F, Budget Narrative Template for:**  
**Community-Based Voluntary Services (RFP-2021-DCYF-03-COMMU)**

**Summary:** Please prepare a budget narrative that provides an overview of the budget(s) you prepared for the corresponding service areas and articulates why these costs are needed to achieve the desired results of the CB-VS program. This narrative also gives you an opportunity to explain any key assumptions or calculation approaches used to construct this budget.

**Informational questions (non-scored):**

1. Agency name:
2. HQ address:  
Address line #1:   
Address line #2:
3. Please select the county(ies) you are serving:  

Berlin	Clarendon
<input type="checkbox"/>	<input type="checkbox"/>

**Budget narrative:**

4. For personnel costs (summarized on tab 2 and detailed on tab 3), please provide a brief explanation of:
  - How you arrived at appropriate salaries for these roles.
  - For any staff roles with less than 100% of time spent on CB-VS, your rationale for calculating and attributing this portion of staff time to CB-VS.
  - Any research used to construct this part of the budget (e.g., guidance from EBP model developer, costs for comparable programs)
5. For each non-personnel category of direct costs articulated in tab 2 (program facilities, program materials and supplies, staff transportation, EBP or program model-specific expenses, etc.), please provide a brief explanation of:
  - How you estimated these costs (with reference to specific sub-categories) and why these costs are important to achieving desired results of the CB-VS program. For "all other direct costs" and any costs in "other" rows of each category, supply additional detail on what is included.
  - For any portions of shared costs you've included as direct costs (e.g., rent for a building shared with other programs), your rationale for how this was calculated/attributed to CB-VS.
  - Any research used to construct this part of the budget.
6. Do you have a federal Negotiated Indirect Cost Rate Agreement (NICRA) that you used in the "indirect costs" section of tab 2? If so, please write "yes" and attach appropriate documentation verifying your negotiated rate.
7. For start-up costs articulated in tab 4, please provide a brief explanation of:
  - Your rationale for why these costs will be needed upfront, with reference to your anticipated start-up period length and categories/sub-categories as appropriate.
  - How you estimated the costs needed up-front.

- **Fillable word document** that you can save but cannot make major formatting changes to
- **No word limit** assigned, but we do encourage you to be mindful of length
- Budget narratives should focus on **why** these costs are needed to achieve desired program results and **how** you calculated/compiled them
- **NICRA:** Agencies with a federal NICRA should include NICRA documentation as a supplement to the cost portion of your proposal. If you do not have a NICRA, please indicate "No" to question 6



# Submission process overview

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- Proposals **must be submitted electronically** to [contracts@dhhs.nh.gov](mailto:contracts@dhhs.nh.gov) with Jennifer Hackett ([Jennifer.hackett@dhhs.nh.gov](mailto:Jennifer.hackett@dhhs.nh.gov)) cc'd on the email
- The **subject line of your email** must include the RFP name (RFP-2021-DCYF-03-COMMU)
- If you plan to submit with multiple emails, **please number your emails** (e.g., RFP-2021-DCYF-03-COMMU 1 of 5)
- As a reminder, the maximum size of files per email is 10MB, meaning **you will likely need to send multiple emails or use a zip folder**
- **For those who haven't used zip folders:** Right click on the desktop, select new, select zip folder, name the folder, and drop your contents in



# Q&A Period



# Today's agenda

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**Proposals are due by e-mail on June 4.** Between now and then, we'll be putting out an FAQ with question responses

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**Procurement Timetable**

*DHHS reserves the right to modify these dates and times at its sole discretion.*

Item	Action	Date
1.	Release date for RFP and question submission period opens	4/16/20
2.	Deadline to RSVP for vendors conference using Eventbrite	5/5/20 by 12am ET (midnight)
3.	Date of vendors conference hosted on Zoom	5/7/20 from 9-11:30am ET
4.	Deadline to submit questions to DHHS/DCYF	5/14/20 by 5pm ET
5.	Deadline for DHHS to post responses to questions	5/21/20 by 5pm ET
6.	Deadline to submit proposals to DHHS	6/4/20 by 5pm ET



# Thanks for attending!

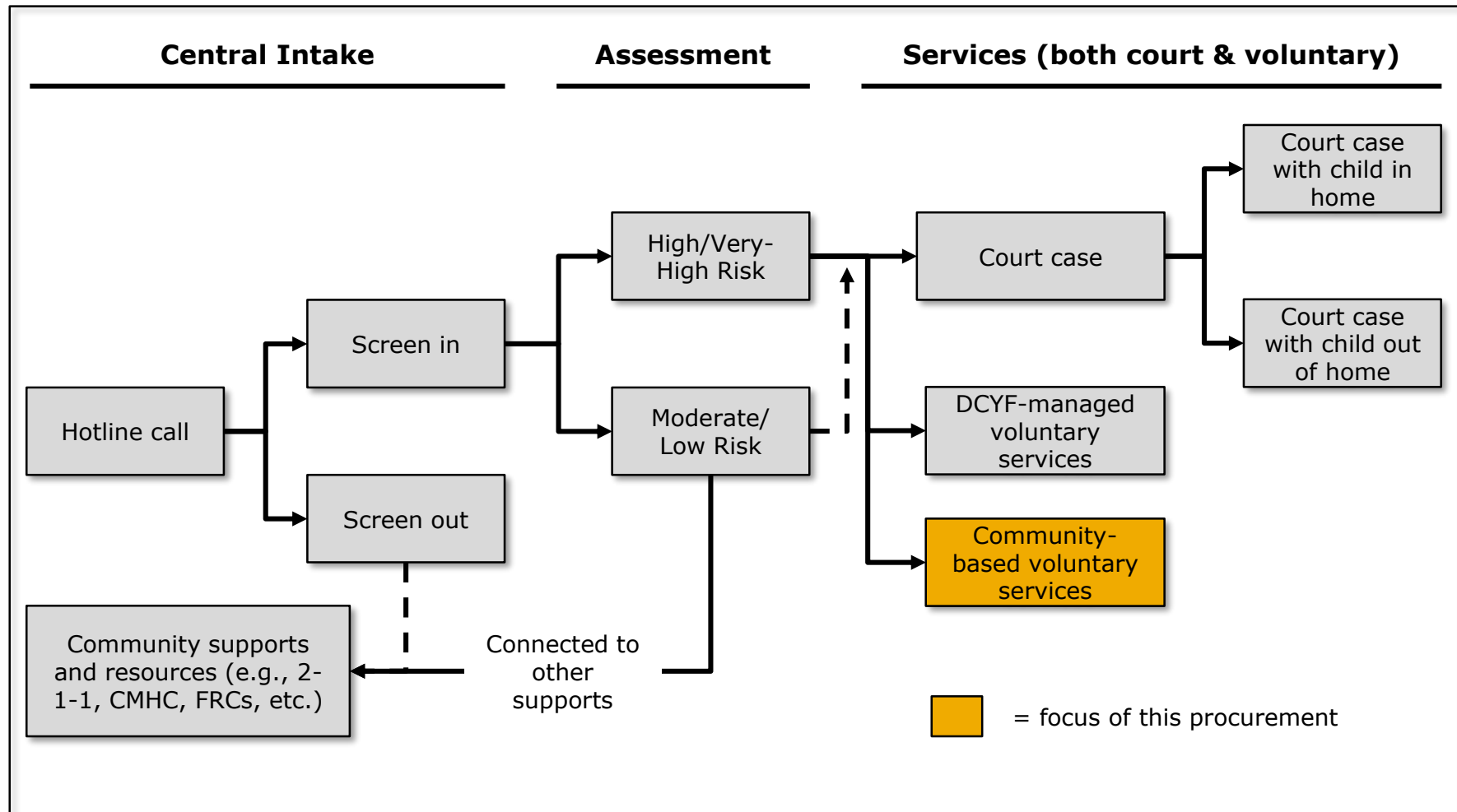
Be sure to email Jennifer Hackett ([Jennifer.Hackett@DHHS.nh.gov](mailto:Jennifer.Hackett@DHHS.nh.gov))  
with any questions by 5/14/20 at 5PM



# APPENDIX:



**Figure 1:** CB-VS will expand the capacity of the child and family serving system to prevent families from returning to DCYF



Source: RFP-2021-DCYF-03-COMMU, page 7



## Performance metrics to measure success and track progress along the way

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Service activity:		Key performance metrics:
Phase 1:	A. Referral & engagement	<ul style="list-style-type: none"> <li>% of referred families who enroll in CB-VS</li> <li>% of referred families who receive a face to face meeting within 3 days of referral</li> </ul>
	B. Family stabilization	<ul style="list-style-type: none"> <li>% of families in crisis that are stabilized within the first 30 days</li> </ul>
	C. Service planning	<ul style="list-style-type: none"> <li>% of families with a case plan within the first 30 days</li> </ul>
Phase 2:	D. Service management	<ul style="list-style-type: none"> <li>Median # of days from initial assessment to enrollment in additional supports and services</li> <li>% of families who are accessing DCYF-paid home-based services</li> <li>% of families who meet their service plan goals.</li> </ul>
	E. Transition and closure	<ul style="list-style-type: none"> <li>% of families who are successfully established in ongoing supports</li> <li>% of families who see improvement in assessment tool</li> <li>Family stabilization with CB-VS (e.g., Net Promoter Score)</li> </ul>
Outcome:	<p>% of families referred to CB-V who have:</p> <ul style="list-style-type: none"> <li>A substantiated allegation of maltreatment within 6 mons of the referral date</li> <li>A subsequent assessment (investigation) 6 &amp; 12 mons after CB-VS discharge</li> </ul>	

Source: RFP-2021-DCYF-03-COMMU, page 18

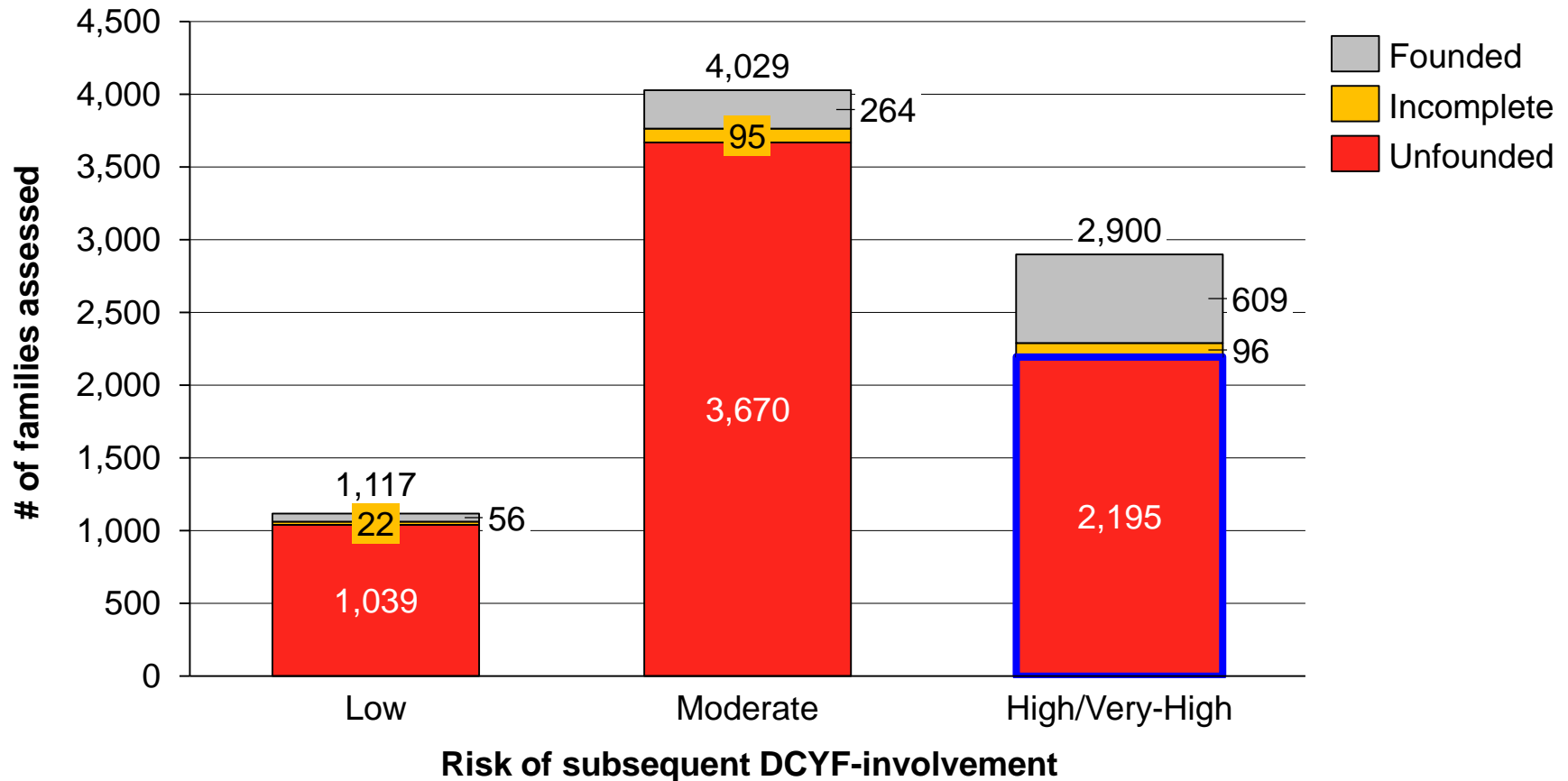
NH Department of Health & Human Services | Division for Children, Youth & Families



# Size of the target population for community-based voluntary services in SFY2019 (e.g., blue box)

34

Number of families assessed by DCYF by risk of subsequent involvement and disposition



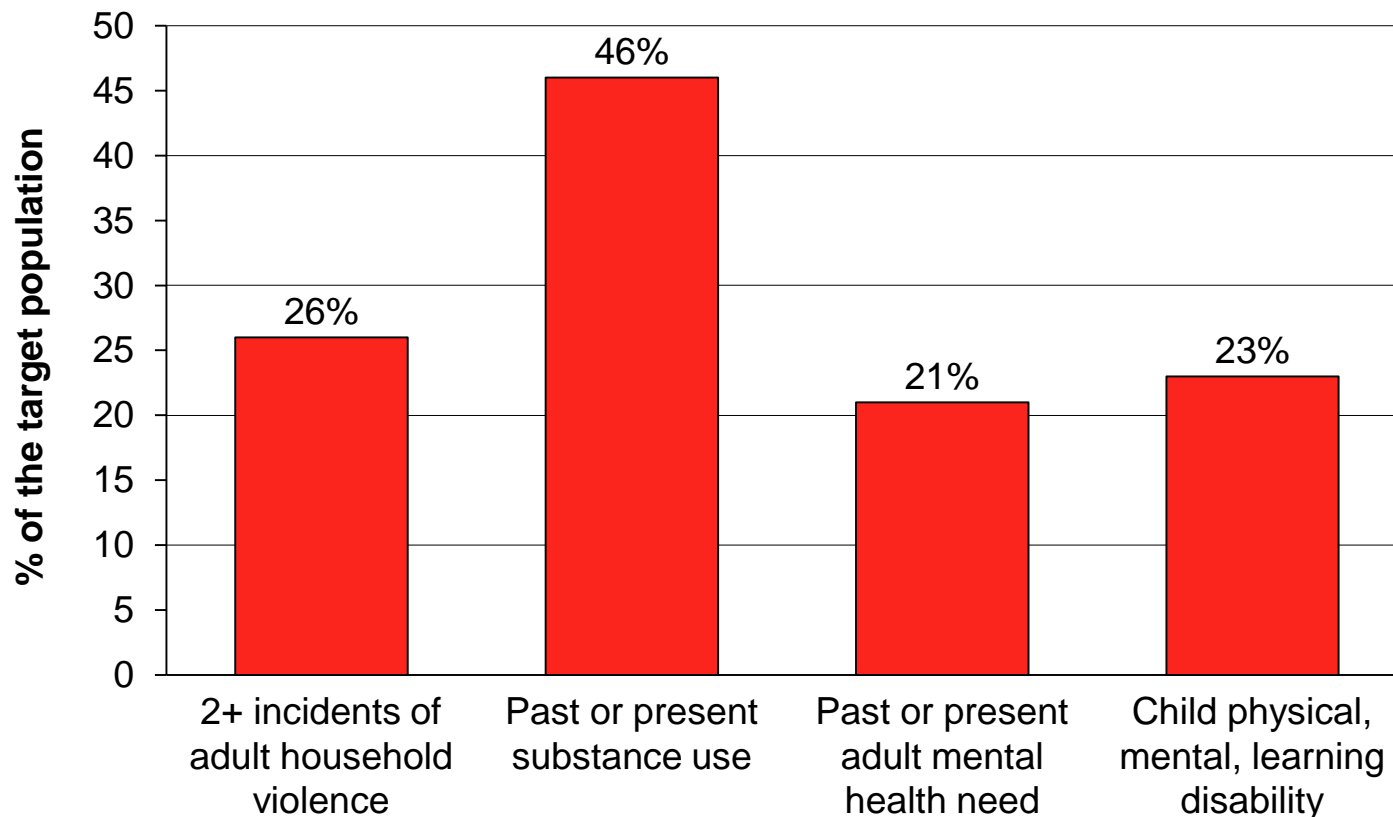
Source: NHIA filled out by working during assessment, extracted from Bridges in November 2019



# Risk factors identified in the CPS assessment for families in the CB-VS target population in SFY19

35

Share of the SFY19 target population where various risk factors were identified in the CPS assessment



## Risk-factors identified in associated CPS assessment

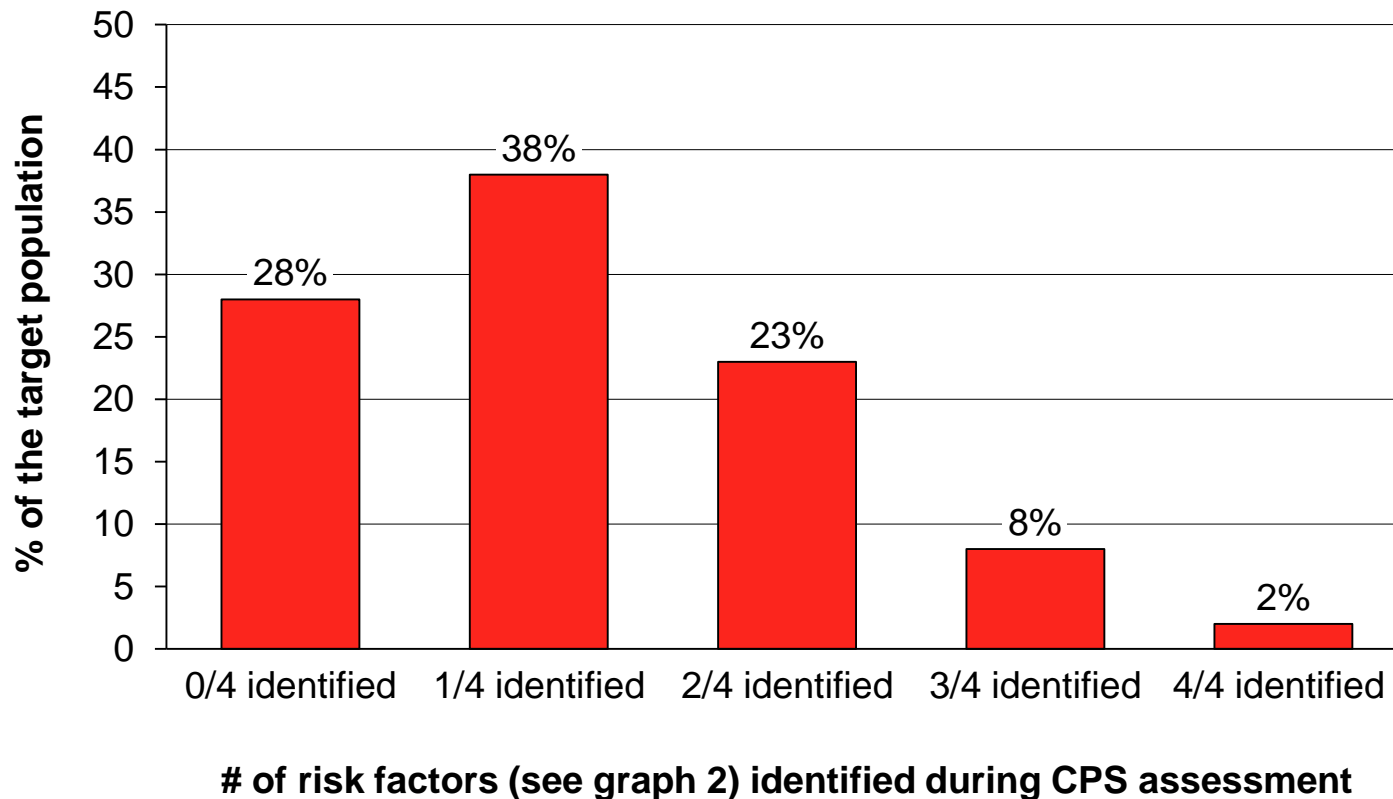
Source: NHIA filled out by working during assessment, extracted from Bridges in November 2019



# Number of risk factors identified in the CPS assessment for families in the CB-VS target population in SFY19

36

Share of the SFY19 target population where 0/4 to 4/4 risk factors identified in the CPS assessment



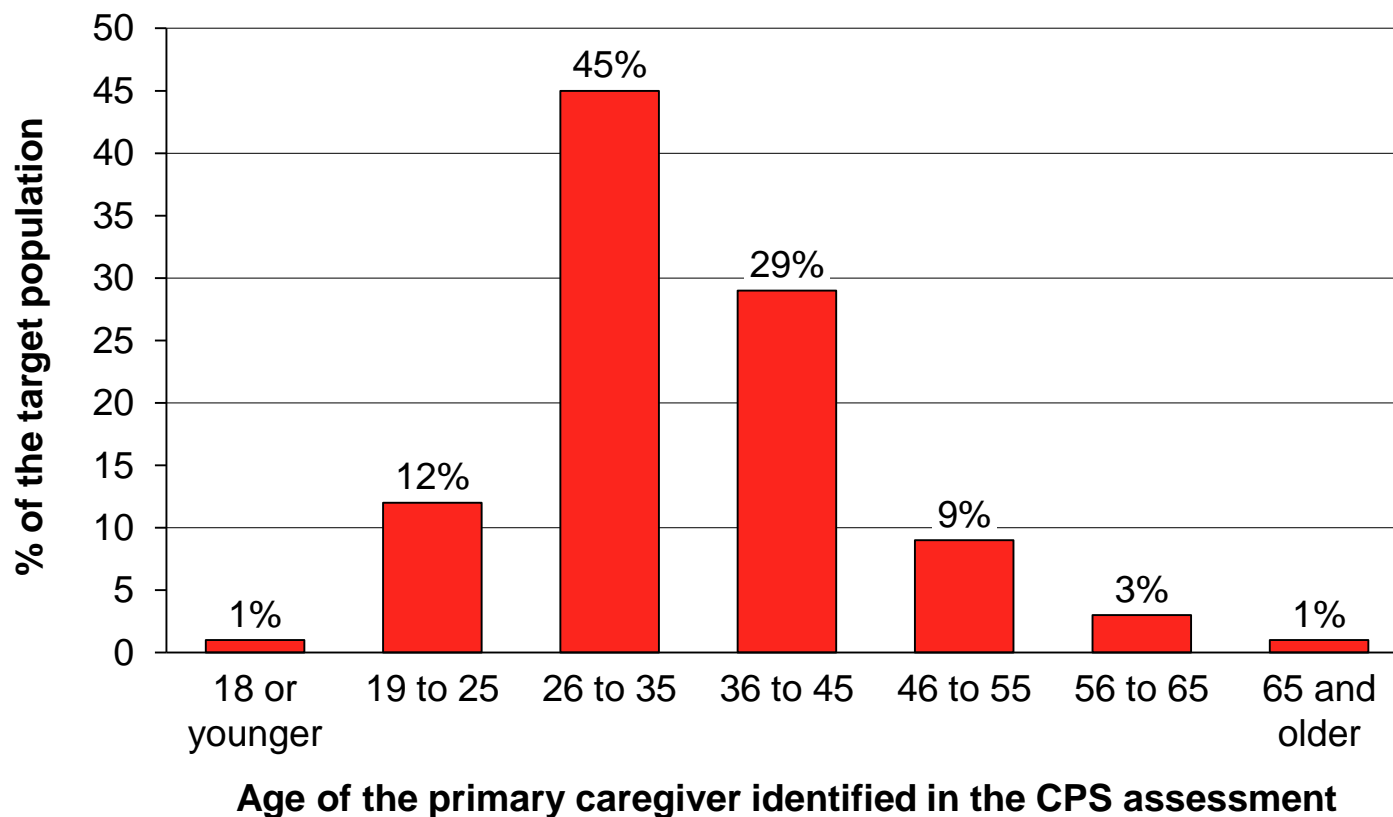
Source: NHIA filled out by working during assessment, extracted from Bridges in November 2019



# Age of the primary caregiver for families in the CB-VS target population in SFY19

37

Share of the SFY19 target population with a primary caregiver at various ages



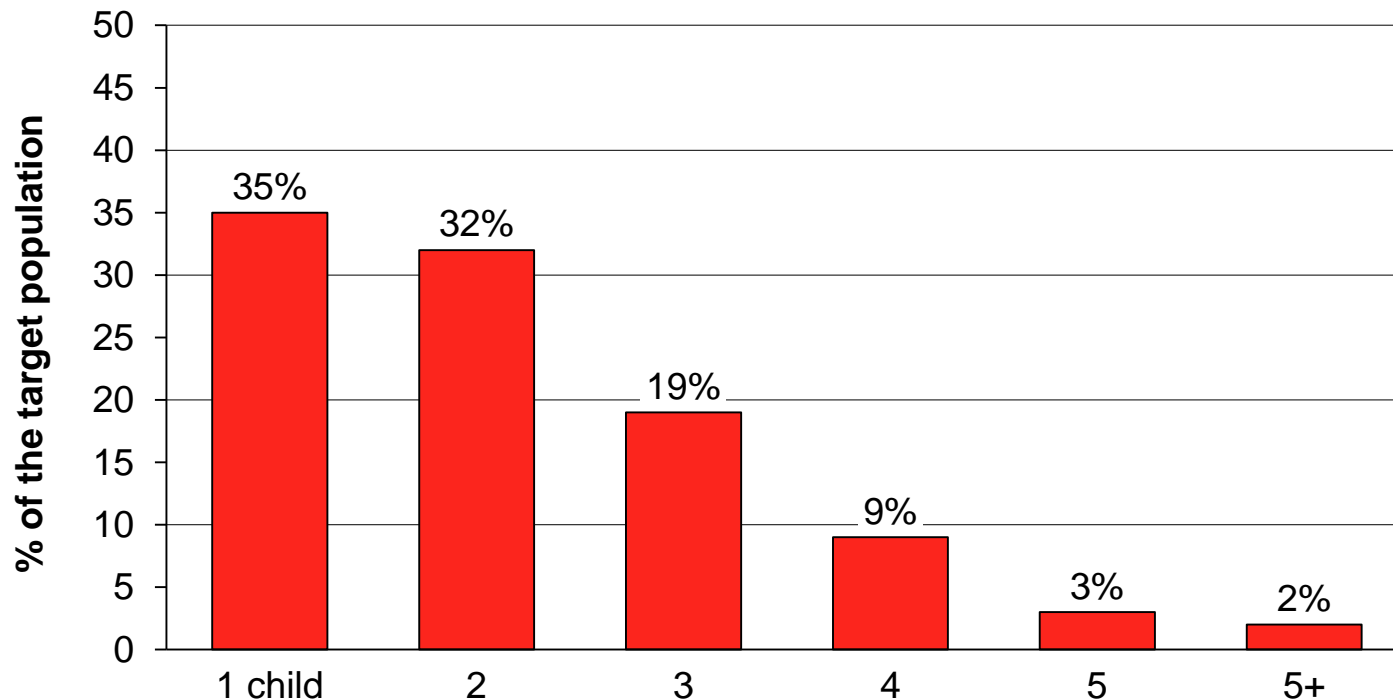
Source: NHIA filled out by working during assessment, extracted from Bridges in November 2019



# Number of children living in families in the CB-VS target population in SFY19

38

Share of the SFY19 target population with various number of children identified in the CPS assessment



Number of children identified in the CPS assessment

Source: NHIA filled out by working during assessment, extracted from Bridges in November 2019



# Families enrolled in CB-VS can **access DCYF-paid home-based services**, if necessary, to meet their needs

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**Goal:** Ensuring that the families who need more intensive services to meet their needs have access to those services without having to come back to DCYF

## Identification needs and possible service

Provider identifies the need for home-based services as early as Phase 1 and as late as service management. Family's perspective is reflected in recommendation.

## Approval from DHHS/DCYF

Provider and DHHS/DCYF confer to confirm the need for home-based services and to finalize the decision on which service would best meet the family's needs.

## Referral and determine extent of ongoing involvement with family

Once approved, provider refers and hands off the family to home-based service provider. After the family is established in the program, CB-VS and home-based service provider confer to decide the best way for CB-VS to remain engaged on an ongoing basis, if at all.

